

香港乳癌基金會有限公司
「KISQALI®(Ribociclib) 資助計劃」登記表格

Hong Kong Breast Cancer Foundation Limited
Drug Subsidy Program – KISQALI® (Ribociclib) Registration Form

登記人士資料 Personal Particulars (必須填寫Mandatory)

姓名Name (英文English): _____

(中文Chinese): _____

香港身份證/ 護照號碼 HKID card/ Passport no.: _____

聯絡電話Tel. No. 手提mobile: _____ (住宅home): _____

電郵地址 Email Address: _____

郵寄地址 Postal Address: _____

由主診醫生填寫 To be completed by the Physician-in-charge

- 我確認登記人正在服用 KISQALI® Ribociclib 。
I confirm the registrant is on KISQALI® Ribociclib treatment.

我確認登記人已經達到資助計劃所需的周期。
(最近一次療程的開始日子: _____)

- *病人可由第18個週期開始時提交登記表格
I confirm the registrant has reached the required cycles for the program.
(The starting date of the recent treatment cycle: _____)
*The patient can submit the Registration form while starting the 18th cycle

主診醫生姓名 Physician's Name: _____

主診醫生電話:
Physician's Telephone No.: _____

診所名稱及電話:
Clinic's name & Phone No. _____

主診醫生簽署/診所印章:
Physician's Signature and/or Clinic's Chop: _____

日期 Date: _____

注意事項 Important Notice:

1. 填妥本登記表格 Complete this Registration form.
2. 請透過電子郵件 (bcsc-ap@hkbcf.org) 或郵寄 (香港北角木星街9號永昇中心22樓香港乳癌基金會) 提交此登記表格, 電郵主題或信封封面註明「申請(Ribociclib)資助計劃」 Please submit this registration form via email (bcsc-ap@hkbcf.org) or send to "Hong Kong Breast Cancer Foundation, 22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong"; with subject marked "Registration for Drug Subsidy Program – (Ribociclib)".
3. 附上身分證/ 護照副本 Attach photocopy of your HKID card or passport.
4. 申請或延續計劃時, 請連同表格A/B 或資助計劃卡的副本, 於下次療程前的三星期電郵或郵寄香港乳癌基金會作出申請. Please submit the application/ renewal 3 weeks before next treatment with the copy of Cycle Table A/B or Program Card attached.
5. 查詢熱線 Inquiry Hotline (852) 2525-6033

申請人須知 Notes to Applicants:

- 香港乳癌基金會有限公司必定根據《個人資料(私隱)條例》所載的保障資料原則嚴謹行事，確保申請人的個人資料絕對保密。
All personal information collected will be treated in strictest confidence and in accordance to the Personal Data (Privacy) Ordinance.
- 香港乳癌基金會有限公司保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。
HKBCF reserves the right to make the final decision and to decline any application without providing reason.

聲明 Declaration

本人批准香港乳癌基金會有限公司會查閱本人提供的資料，以確保所有資料均為完整及正確無誤，並可以電話或郵件就此項計劃與本人聯絡。本人聲明上述填報資料及所提供的相關證明文件均屬真確無誤。有關本人登記此項計劃的資料如有所更改，本人需主動聯絡香港乳癌基金會有限公司。本人了解在登記此項計劃所提供的一切資料，只作登記此項計劃的用途。本人了解登記人士可隨時取消有關登記，並拒絕香港乳癌基金會有限公司進一步查閱本人的資料。本人了解香港乳癌基金會有限公司會有權要求登記人士提供進一步資料和證明文件、約見申請人，或聯絡申請人的主診醫生，索取進一步資料，而贊助藥廠亦有權隨時停止提供此藥物的經濟資助。本人了解香港乳癌基金會有限公司會保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

I give Hong Kong Breast Cancer Foundation Limited (HKBCF) permission to check my information to make sure it is true and complete and contact me by mail or phone about the Program. I declare that all the information in this registration form, including all copies of documents proving my identity is true and complete. I will contact HKBCF if any of my information relevant to this application changes. I understand that the Program will only use my information to register for and administer the Program. I understand that I can at any time withdraw from the Program, and cancel my permission to HKBCF for further validation of my information provided. I understand that HKBCF may request further information and supporting documents from applicant, contact applicant's physician-in-charge for more information and drug sponsors can change or stop the sponsorship at any time for any reason. I understand that HKBCF shall vet all applications; reserves the right for final decision and to decline any application without providing any reason.

登記人士簽署
Signature of Registrant:

日期
Date:
